

**UNIVERSITY OF TOLEDO MEDICAL CENTER
MOLECULAR DIAGNOSTICS CONSULTATION REQUEST FORM**



THE UNIVERSITY OF TOLEDO
MEDICAL CENTER

**MOLECULAR DIAGNOSTICS
CONTACT INFORMATION:**

University Of Toledo Medical Center
Molecular Diagnostics Consultation Service
Department of Pathology, Attention: Sherry Bice
3000 Arlington Ave, Toledo, OH 43614-2598
PHONE: (419) 383-5636 FAX: (419) 383-6130

WEBSITE:

<http://www.utoledo.edu/med/depts/path/moldx/index.html>

Please Fax Request to the Attention of Sherry Bice at: (419) 383-3066

FACILITY/ORDERING PHYSICIAN INFORMATION:

Practice Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____

Fax Number: (_____) _____ - _____

Bill Facility

Bill Patient

Please Attach photocopy of both sides of insurance card

PATIENT INFORMATION:

Full Name (Last, First, M.I.): _____

Medical Record Number: _____

Date Of Birth: _____

Patient Address: _____

City _____

State: _____ Zip: _____

Telephone: (_____) - _____ - _____

INDICATION/REASON FOR CONSULTATION:

ICD-9 Code (s) _____ Physician #: _____

Physician Name: _____

Physician Signature: _____

CLINICAL HISTORY/PERTINENT DATA AND REASON FOR CONSULTATION:

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